MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

08874

Reg. Dist. No. 19 147

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Howard — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural MT. Airy MD
LENGTH OF STAY (In this place): 21 Daye
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Mrs Louise Murray Rest Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN:
STREET ADDRESS (If rural, give location): MT. Airy Maryland

3. NAME OF DECEASED (Type or Print): (First) Agnes (Middle) M. (Last) Brown

4. DATE OF DEATH: (Month) Septl1 (Day) 11 (Year) 49

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: May 3 1880

9. AGE last birthday: 69 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Luther H. Brown

14. MOTHER'S MAIDEN NAME: Sarah E. Brandburg

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): None

16. SOCIAL SECURITY No.: No

17. INFORMANT: Titus E Brown

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

974 **Immediate cause** (a) Asphyxia by Strangulation — Interval between onset and death: 5 min

1640 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hanging

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: None

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home
(CITY OR TOWN) (COUNTY) (STATE): Mt Airy Howard Md
TIME OF INJURY (Month) (Day) (Year) (Hour): 9 11 49 2 P.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Suicide by Hanging

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE: Alpha Herbert M.D. (Degree or title) — ADDRESS: Ellicott City Md — DATE SIGNED: 9-11-49

DEPUTY MEDICAL EXAMINER OF HOWARD COUNTY

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: Sept. 14 1949
NAME OF CEMETERY OR CREMATORY: MT. Olivet
LOCATION (City, town, or county) (State): Frederick, MD

DATE REC'D BY LOCAL REG.: 9 16-49
REGISTRAR'S SIGNATURE: E. Paul Myers
Elaine Runkles Jr.

24. FUNERAL DIRECTOR: Roy W. Barber — ADDRESS: Lotonsville Md.

RECEIVED
SEP 30 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

08875

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 190

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Howard — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Orange Grove
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ellicott City
STREET ADDRESS (If rural, give location): Main St.

3. NAME OF DECEASED (Type or Print): (First) William M. (Middle) Cavey, (Last) Jr.

4. DATE OF DEATH: (Month) Sept. 9 (Day) 14 (Year) 1949

5. SEX: M — 6. COLOR OR RACE: W — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower — 8. DATE OF BIRTH: 3-25-1884 — 9. AGE last birthday: 65 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Ellicott City, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William M. Cavey, Sr.
14. MOTHER'S MAIDEN NAME: Mary Meade

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 215-10-5571
17. INFORMANT: Helen Yates, Ellicott City, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

975 **Immediate cause** (a) Asphyxiation by Drowning — 5 min

164 b **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c) —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: River (CITY OR TOWN): Orange Grove (COUNTY): Howard (STATE): Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): about 9-14-49 7 P.M. — INJURY OCCURRED While at work ☐ Not while at work ☒ — HOW DID INJURY OCCUR? Committed Suicide by drowning.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE: Alpha N Herbert (Degree or title) M.D. ADDRESS: Ellicott City Md. DATE SIGNED: 9.24.49

DEPUTY MEDICAL EXAMINER OF HOWARD COUNTY

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 9-26-49 — NAME OF CEMETERY OR CREMATORY: St. Johns — LOCATION (City, town, or county) (State): Ellicott City, Md.

DATE REC'D BY LOCAL REG.: Sept. 25, 1949 — REGISTRAR'S SIGNATURE: Mildred Bird Williams

24. FUNERAL DIRECTOR — ADDRESS: F.C. Higinbothom, Ellicott City, Md.

VS. A15A

RECEIVED
SEP 28 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08876

Reg. Dist. No. 193

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Howard — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cooksville
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cooksville, Md
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Emma (Middle) Rachel (Last) Cromwell

4. DATE OF DEATH: (Month) 9-21-49 (Day) (Year) 19

5. SEX: F

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 7-4-1878

9. AGE last birthday: 71 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Cooksville, Md

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Samuel Smith

14. MOTHER'S MAIDEN NAME: Susan M. Dorsey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Elsie Wilson, Cooksville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.2 Immediate cause (a) acute cardiac failure — Interval between onset and death: 2 days

93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic myocarditis — 2 years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/9, 1948, to 9/21, 1949 that I last saw the deceased alive on 9/20, 1949, and that death occurred at 4:00 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Charles S. Whitelaw, M.D. Clarksville, Md. 9/24/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 9-24-49
NAME OF CEMETERY OR CREMATORY: Hopkins Chapel
LOCATION (City, town, or county) (State): Highland, Md.

DATE REC'D BY LOCAL REG. 9/26/49
REGISTRAR'S SIGNATURE: C. Paul Merrin
21. FUNERAL DIRECTOR ADDRESS: F.C. Higinbothom, Ellicott City, Md.

RECEIVED
SEP 30 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

08877

CERTIFICATE OF DEATH

Reg. Dist. No. 190

1. PLACE OF DEATH:

County: Howard

City or town: Elkridge (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 5 mo

Hospital, institution, or street address where death occurred: Wash. Blvd

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md County: Howard

City or town: Elkridge (If outside city or town limits, write RURAL and give nearest town)

Street No.: Wash Blvd (If rural, give LOCATION)

2.(a) If veteran, name war: none

3. (a) FULL NAME: Claude Franklin Dunkerly

3. (b) Social Security Number: 705-09-1365

4. Sex: male

5. Color or race: White

6.(a) Single, married, widowed, or divorced: married

6.(b) Name of husband or wife: Mary E. Dunkerly

6.(c) If alive, give age: 64 years

7. Birth date of deceased (mo., day, yr.): Mch 4 1884

8. AGE: Years: 65 Months: 6 Days: 4 If less than one day: ..... hrs. ..... min.

9. Birthplace: Violetsville, Md (Town, county, and state) Balto Co.

10. Usual occupation: Warehouse foreman

11. Industry or business: B & O R.R.

FATHER

12. Name: John R. Dunkerly

13. Birthplace: Md.

MOTHER

14. Maiden name: Laura Chapman

15. Birthplace: Md

16. Informant: Mrs Mary E. Dunkerly wife

Address: Box 227 Elkridge 27 Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 9/17/49 (month) (day) (year)

Cemetery or crematory: Zion Cemetery

Location: Washington Rd

18. Funeral director: John J. Cowan & Son

Address: 901 Hollins St

19. 9/9 1949 (Date rec'd by registrar) A. W. Hauch Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept 8 1949, at 2 50 p. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 1948, to Sept 8 1949 and that I last saw him alive on Sept 8 1949

Immediate cause of death	DURATION
Carcinoma of bladder	18 mo
Due to: General Carcinomatosis	1 yr.
Other conditions: 181 (Include pregnancy within 3 months of death)	

52 b

Major findings of operations: Cancer of bladder

Date of op. Feb 15/49

Autopsy results: none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE: B. B. Brumbaugh M. D. or other

Address: Elkridge Md Date signed: 9/8/49

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08878

Reg. Dist. No. 195

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Howard; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel; LENGTH OF STAY (in this place) 30-; HOSPITAL OR INSTITUTION OR STREET ADDRESS North Laurel - Wash. Blvd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Howard; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel, Rural; STREET ADDRESS (If rural give location) Washington Blvd.

3. NAME OF DECEASED (Type or Print): (First) James (Middle) V (Last) Howard

4. DATE OF DEATH: (Month) Sept (Day) 12 (Year) 1949

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: 1858

9. AGE last birthday: 91 Yrs. | If under 1 year: Months 4 | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: 54 0

11. BIRTHPLACE (State or foreign country): Baltimore Md

12. CITIZEN OF WHAT COUNTRY: U. S.

13. FATHER'S NAME: John Howard

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT: Miss A. Howard.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0 Immediate cause (a) Arteriosclerosis, generalized — Interval Between Onset and Death: 5 yr.

186a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture left humerus — 3 mo

19a. DATE OF OPERATION ✓ | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) ✓ | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) ✓ (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/11, 1949, to 9/12, 1949, that I last saw the deceased alive on 9/12, 1949, and that death occurred at 7:00 P m., from the causes and on the date stated above.

SIGNATURE: Robert S. McGreevy (Degree or title) M.D. ADDRESS: 402 Main St Laurel Md DATE SIGNED: 9/12/49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 9/15/49 | NAME OF CEMETERY OR CREMATORY Nat. Mem. Park. | LOCATION (City, town, or county) P.G. Co. (State) Md

DATE REC'D BY LOCAL REG. 9/13/49 | REGISTRAR'S SIGNATURE Frank Shipley

24. FUNERAL DIRECTOR: W. Clarence White, ADDRESS: Laurel Md

VS. A15

RECEIVED
SEP 15 1949
BUREAU V. S.

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08879

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 195

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Howard — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Savage | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto
STREET ADDRESS (If rural, give location) 9 S. Fremont St. ✓

3. NAME OF DECEASED (Type or Print): (First) Thomas (Middle) Washington (Last) Lett

4. DATE OF DEATH: (Month) Sept (Day) 23rd (Year) 1949

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married | 8. DATE OF BIRTH: Sept. 16th 1888 | 9. AGE last birthday: 61 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Night Watchman | 10b. KIND OF BUSINESS OR INDUSTRY: Keystone Realty Co | 11. BIRTHPLACE (State or foreign country): Md | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Thomas Lett | 14. MOTHER'S MAIDEN NAME: Jane Whitehead

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes | (If yes, give war or dates of service): W.W. I | 16. SOCIAL SECURITY NO.: 218-07-4156 | 17. INFORMANT: Mary Comer 9 S. Fremont St

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

812.5 **Immediate cause** (a) Intrathoracic hemorrhage — Interval between onset and death: 2 min

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
1702 (b) Compound fracture of right side —
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Compound fract. both legs + rt arm —

19a. DATE OF OPERATION: None | 19b. MAJOR FINDINGS OF OPERATION: — | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Street | (CITY OR TOWN): Guilford | (COUNTY): Howard | (STATE): Md

TIME OF INJURY (Month) (Day) (Year) (Hour): 9-23-49 12:30 AM | INJURY OCCURRED While at work ☐ Not while at work ☒ | HOW DID INJURY OCCUR? Pedestrian struck by truck

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: noturol causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): Alpha N Herbert M.D. DEPUTY MEDICAL EXAMINER OF HOWARD COUNTY | ADDRESS: Ellicott City Md | DATE SIGNED: 9.23.49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 9/26/49 | NAME OF CEMETERY OR CREMATORY: Ivy Hill | LOCATION (City, town, or county) (State): Laurel Md.

DATE REC'D BY LOCAL REG.: Sept 24 1949 | REGISTRAR'S SIGNATURE: R.W. | 24. FUNERAL DIRECTOR: Wm Cook Inc. | ADDRESS: 1217 St. Paul St

08884

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 194

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Howard — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Clarksville
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: District of Columbia — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 1806 Belmont Road N.W.

3. NAME OF DECEASED (Type or Print): (First) Mary Alice (Middle) (Last) Merritt

4. DATE OF DEATH: (Month) 9 (Day) 7 (Year) 19 49

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 1-23-1948

9. AGE last birthday: 1 yrs. If under 1 year: Months 7 Days 14 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Robert Merritt

14. MOTHER'S MAIDEN NAME: Edith Teraulp

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mrs.R.Merritt,Washington,D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

752 Immediate cause (a)

157a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Congenital hydrocephalus — Interval Between Onset and Death: 19 mos

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Congenital meningocele — Interval Between Onset and Death: 19 mos

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 27, 1949, to Sept 7, 1949, that I last saw the deceased alive on Sept 6, 1949, and that death occurred at 6 00 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Charles S. Whitaker, M.D. ADDRESS: Clarksville, Md. DATE SIGNED: Sept 8, 1949

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 9-8-49 — NAME OF CEMETERY OR CREMATORY: Mt. View — LOCATION (City, town, or county) (State): Alpha, Md.

DATE REC'D BY LOCAL REG. 9-8-49 — REGISTRAR'S SIGNATURE: Marie E. Whitaker

24. FUNERAL DIRECTOR ADDRESS: F.C.Higinbothom,Ellicott City,Md.

VS. A15

RECEIVED
SEP 12 1949
BUREAU V. S.

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08881

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 194

1. PLACE OF DEATH: COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clarksville
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia COUNTY Alexandria
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Alexandria
STREET ADDRESS (If rural, give location) 922 S. St. Asaph St. ✓

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) Grigsley (Last) Ryan
4. DATE OF DEATH (Month) 9-7-49 (Day) (Year) 19

5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 3-14-1910
9. AGE last birthday 39 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Robert M. Peck
14. MOTHER'S MAIDEN NAME Frances Shelton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. ?
17. INFORMANT Thomas L. Ryan, Alexandria Va

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Crushed left chest & mediastinum — Inst.

8255

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

170 E

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Lacerations of head & left leg. —

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Street
(CITY OR TOWN) Clarksville (COUNTY) Howard (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) Sept 7, 1949 7 P.m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Automobile accident

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Alpha N. Herbert MD (Degree or title) ADDRESS Church Rd, Ellicott City Md DATE SIGNED 9-7-49

DEPUTY MEDICAL EXAMINER OF HOWARD COUNTY

23. BURIAL, CREMATION REMOVAL (Specify) Buried
DATE THEREOF 9-10-49
NAME OF CEMETERY OR CREMATORY Mt. Comfort
LOCATION (City, town, or county) Alexandria (State) Va.

DATE REC'D BY LOCAL REG. 9-8-49
REGISTRAR'S SIGNATURE Marie A. Whitaker
24. FUNERAL DIRECTOR F.C. Higinbothom, Ellicott City, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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RECEIVED
SEP 12 1949
BUREAU V. S.

08882

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 193

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH
COUNTY: Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Lisbon
LENGTH OF STAY (in this place): 7 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland COUNTY: Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Lisbon
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) FULTON (Middle) R. (Last) SLAGLE

4. DATE OF DEATH: (Month) Sept. (Day) 22 (Year) 1949

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: 3-25-1874

9. AGE last birthday: 75 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Henry M. Slagle

14. MOTHER'S MAIDEN NAME: Catherine A. Rice

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY No.: none

17. INFORMANT: Mrs. Burnice B. Slagle, Lisbon, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

902.0 **Immediate cause** (a) Fracture of cervical vertebrae — Interval Between Onset and Death: Inst

1860 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture of left humerus

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION: none

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home (CITY OR TOWN): Lisbon (COUNTY): Howard (STATE): Md

TIME OF INJURY (Month) (Day) (Year) (Hour): 9 22 49 3:30 P. m.

INJURY OCCURRED While at work ☒ Not while at work ☐

HOW DID INJURY OCCUR? Fell off roof of home.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Asha M. Herbert (Degree or title) M.D. ADDRESS: Ellicott City Md DATE SIGNED: 9-22-49

DEPUTY MEDICAL EXAMINER OF HOWARD COUNTY

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE THEREOF: 9-25-1949 — NAME OF CEMETERY OR CREMATORY: McKendree — LOCATION (City, town, or county) (State): Howard Co. Maryland

DATE REC'D BY LOCAL REG.: 9-26-49 — REGISTRAR'S SIGNATURE: E. Pearle Morris

24. FUNERAL DIRECTOR ADDRESS: C. M. Waltz, Winfield, Md.

RECEIVED
SEP 30 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08883

Reg. Dist. No. 195

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Howard — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Savage
LENGTH OF STAY (in this place): 23 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Savage
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Bettie	Elizabeth	Wines	Sept.	18	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	W	widowed	June 4 1878	71 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Howe Virginia	USA

13. FATHER'S NAME: George Pomeroy

14. MOTHER'S MAIDEN NAME: Frances Weaber

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no			M. L. Pomeroy

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
331 Immediate cause	(a) Cerebral Haemorrhage	9 Days.
83a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) arterio-sclerosis, generalized	5 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from Sept. 10th 49, to Sept 18th 1949, that I last saw the deceased alive on Sept. 18th 1949, and that death occurred at 5:30 P.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank Shipley	M.D.	Savage, Md.	9/19/49.

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Sept. 21 1949	Savage Cemetery	Savage, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9/19/49	Frank Shipley	De Witt Donaldson Laurel Md.	

RECEIVED
SEP 28 1949
BUREAU V. S.